SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

(F) [תית] 2----m

Date:

Application No.:

2000

APR 262011

Bayfield Co. Zoning Dept

Amount Paid: Zoning District

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ال ال Legal Description Volume (C) INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department. Gov't Lot ☐ Residential Other (explain) ☐ Residential Accessory Building Addition (explain) ☐ Residential Accessory Building (explain) 区 Residential Addition / Alteration (explain) add thon LAND USEK ☐ ★ Residence w/deck-porch (# of bedrooms) ☐ # Residence or Principal Structure (# of bedrooms) Fair Market Valued 5,000, 30 Structure: Is your structure in a Shoreland Zone? Telephone Property Owner. Address of Property Use Tax Statement for Legal Description Residence w/attached garage (# of bedrooms) Residence sq. ft Residence sq. ft. Residence sq. ft Shland 5 715.682 FAILURE TO OBTAIN A PERMIT $\underline{\alpha_{I}}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES nichelle 2 SANITARY 🗀 _Page Ĕ 24360 5327 (Home) _1/4 of 101 7-77 of Deeds Addition 3 Deck(2) sq. ft Garage sq. ft Porch sq. ft Bock Schnabe Square Footage Cherry 5480L PRIVY 🔲 Yes □ 115.682.145 (Work) 1/4 of Section VILLE Existing ₹ |X Ar 1.06 Parcel I.D. CONDITIONAL USE D. Subdivision deck 8 If yes, 327 04-Township Sanitary: ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) □ Commercial Other (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) ☐ Commercial Principal Building Addition (explain) □ Commercial Principal Building Basement: Written Authorization Attached: ☐ Mobile Home (manufactured date) Distance from Shoreline: greater than 75' 75' to 40' Authorized Agent Contractor 002 Type of Septic/Sanitary System. S T SPECIAL USE New ξ K. 2 th 2 CSM# _North, Range , O Existing_ 06 6 B.O.A. Yes 🔲 W 95~ bullet water 8 West. Acreage Number of Stories ىلا **8** □ Privy Phone) . Town of (Phone) 0/-OTHER S 000 less than 40 70% C<u>i</u>V .Ksdalc 3000

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whethe to-issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we consent to county officials charged with administering county ordinances by have access to the above described property at any reasonable time for the purpose of inspection. lication. I (we) of inspection.

Address to send permit Owner or Authorized Agent (Signature) 24360 Cherryville Muhum Adrile $\mathcal{Z}_{\mathcal{L}}$ Ashland, 73 5430 5 ATTACH

Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed) 4126

★ See Notice on Back

HOURS POWER TO PARKE	BUSTING BUTT - COMPUNST/SOUTES/SAUTHY	Mitigation Plan Required: Yes 🔲 No 🖪	HOWENERS FAI BROWN	Inspection Record: Sweether	Reason for Denial:	Date 5-10-11	Permit Issued:	
© (∑Inspector	AH COIL THAT SHUTHING Signed COLL	□ , ※	thing the By the many from (Systemis/ and the statement of the state of		Permit Number 11-0093	State Sanitary Number <u>5638/ない</u> か	APPLICANT PLEASE COMPLETE REVERSE SIDE
Date of Approval		Variance (B.O.A.) #	Heapurpuissity F.D.J. Baums Musy Be By PRZ must five (Date of Inspection 9550	gailst - North 3 to MARK Applications Choice		Permit Denied (Date)	/ <i>57/</i> Date 1583	EVERSE SIDE Attach a Copy of Recorded Deed)

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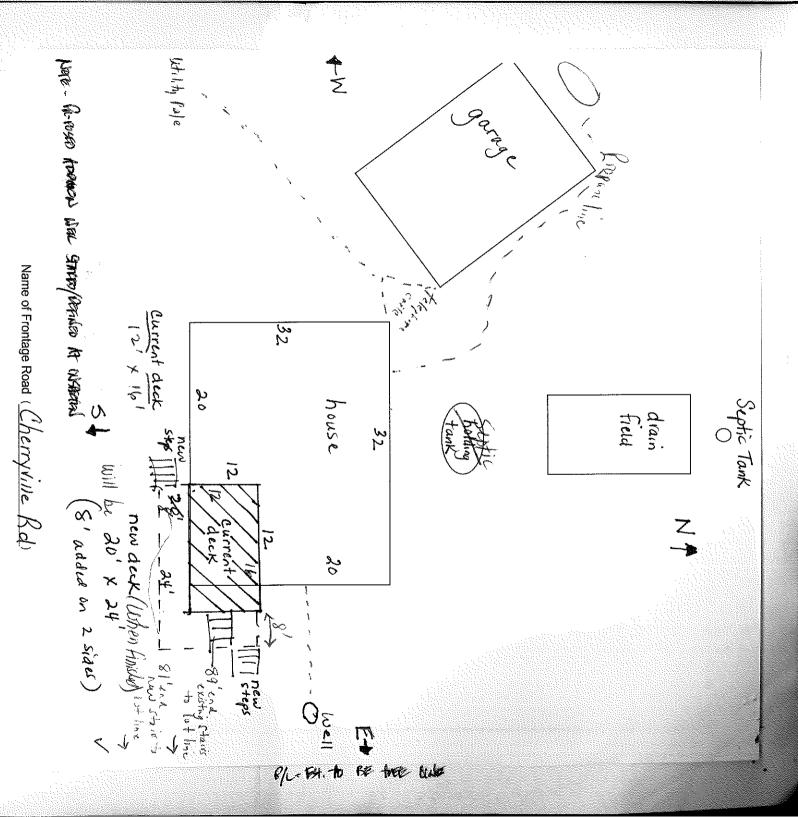
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- Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)
- N Show the location, size and dimensions of the structure
- ယ Show the location, size and dimensions of attached deck(s), porch(s) or garage.
- 4 the location of the well, holding tank, septic tank and drain field

DETAILED PLOT PLAN

IS NECESSARY, FOLLOW

STEPS 1-8 (a-o) COMPLETELY.

IMPORTANT

- Ċ Show the location of any lake, river, stream or pond if applicable
- တ Show the location of other existing structures.
- ∞ Show dimensions in feet on the following: Show the location of any wetlands or slopes over 20 percent
- Building to all lot lines
- σ o o oBuilding to centerline of road
- Building to lake, river, stream or pond
- closest lot line
- O Holding tank to closest Holding tank to building
- Holding tank to well
- Holding tank to lake, river, stream or pond
- Privy to closest lot line

- ~ · · Privy to building
 - Privy to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line Septic Tank and Drain field to building
- 3 Septic Tank and Drain field to well
- Septic Tank, and Drain field to lake, river, stream or pond.
- Well to building

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

will not make an inspection until location(s) are staked or marked Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector